

PAPERWORK REDUCTION ACT SUBMISSION

1. Agency/Subagency originating request U.S. EPA/Office of Environmental Compliance Assurance		2. OMB control number a. 2060-0419 b. <input type="checkbox"/> None — — — —	
3. Type of information collection (<i>check one</i>) a. <input type="checkbox"/> New collection b. <input type="checkbox"/> Revision of a currently approved collection c. <input checked="" type="checkbox"/> Extension of a currently approved collection d. <input type="checkbox"/> Reinstatement, without change , of a previously approved collection for which approval has expired e. <input type="checkbox"/> Reinstatement, with change , of a previously approved collection for which approval has expired f. <input type="checkbox"/> Existing collection in use without an OMB control number <i>For b-f, note item A2 of Supporting Statement Instructions</i>		4. Type of review requested (<i>check one</i>) a. <input checked="" type="checkbox"/> Regular b. <input type="checkbox"/> Emergency - Approval requested by: ___/___/___ c. <input type="checkbox"/> Delegated 5. Small entities Will this information collection have a significant economic impact on a substantial number of small entities? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 6. Requested expiration date a. <input checked="" type="checkbox"/> Three years from approval date b. <input type="checkbox"/> Other Specify: ___/___/___	
7. Title: National Emission Standard for Hazardous Air Pollutants (NESHAP) for Steel Pickling. (40 CFR, Subpart PPP)			
8. Agency form number(s) (<i>If applicable</i>) 1821.03			
9. Keywords: steel pickling; hydrochloric acid; regeneration plants			
10. Abstract Owners and operators of HCl steel pickling plants would comply with the monitoring, recordkeeping and reporting requirements of the NESHAP General Provisions (40 CFR Part 63, Subpart A) and any specific requirements cited in 40 CFR Part 63, Subpart CCC, to determine if compliance has been achieved.			
11. Affected public (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Individuals or households d. <input type="checkbox"/> Farms b. <input checked="" type="checkbox"/> Business or other for-profit e. <input type="checkbox"/> Federal Government c. <input type="checkbox"/> Not-for-profit institutions f. <input type="checkbox"/> State, Local or Tribal Government		12. Obligation to respond (<i>Mark primary with "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Voluntary b. <input type="checkbox"/> Required to obtain or retain benefits c. <input checked="" type="checkbox"/> Mandatory	
13. Annual reporting and recordkeeping hour burden a. Number of respondents 71 b. Total annual responses 231 1. Percentage of these responses collected electronically 10 % c. Total annual hours requested 25,104 d. Current OMB inventory 23,190 e. Difference 1,914 f. Explanation of difference 1. Program Change 2. Adjustment 1,914		14. Annual reporting and recordkeeping cost burden (<i>in thousands of dollars</i>) a. Total annualized capital/startup costs 1 b. Total annual costs (O&M) 8 c. Total annualized cost requested 9 d. Current OMB inventory 16 e. Difference (7) f. Explanation of difference 1. Program change 0 2. Adjustment 7.30	
15. Purpose of information collection (<i>Mark Primary With "P" and all others that apply with "X"</i>) a. <input type="checkbox"/> Application for benefits e. <input type="checkbox"/> Program planning or management b. <input type="checkbox"/> Program evaluation f. <input type="checkbox"/> Research c. <input type="checkbox"/> General purpose statistics g. <input checked="" type="checkbox"/> Regulatory or compliance d. <input type="checkbox"/> Audit		16. Frequency of recordkeeping or reporting (<i>check all that apply</i>) a. <input checked="" type="checkbox"/> Recordkeeping b. <input type="checkbox"/> Third party disclosure c. <input checked="" type="checkbox"/> Reporting 1. <input type="checkbox"/> On occasion 2. <input type="checkbox"/> Weekly 3. <input type="checkbox"/> Monthly 4. <input type="checkbox"/> Quarterly 5. <input checked="" type="checkbox"/> Semi-annually 6. <input type="checkbox"/> Annually 7. <input type="checkbox"/> Biannually 8. <input checked="" type="checkbox"/> Other (describe) Initial	
17. Statistical methods Does this information collection employ statistical methods? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		18. Agency contact (<i>person who can best answer questions regarding the content of this submission</i>) Name: Maria Malave Phone: 202-564-7027	

19. Certification for Paperwork Reduction Act Submissions

On behalf of this Federal agency, I certify that the collection of information encompassed by this request complies with 5 CFR 1320.9.

NOTE: The text of 5 CFR 1320.9, and the related provisions of 5 CFR 1320.8(b)(3), appear at the end of the instructions. *The certification is to be made with reference to those regulatory provisions as set forth in the instructions.*

The following is a summary of the topics, regarding the proposed collection of information, that the certification covers:

- (a) It is necessary for the proper performance of agency functions;
- (b) It avoids unnecessary duplication;
- (c) It reduces burden on small entities;
- (d) It uses plain, coherent, and unambiguous terminology that is understandable to respondents;
- (e) Its implementation will be consistent and compatible with current reporting and recordkeeping practices;
- (f) It indicates the retention periods for recordkeeping requirements;
- (g) It informs respondents of the information called for under 5 CFR 1320.8(b)(3):
 - (i) Why the information is being collected;
 - (ii) Use of information;
 - (iii) Burden estimate;
 - (iv) Nature of response (voluntary, required for a benefit, or mandatory);
 - (v) Nature and extent of confidentiality; and
 - (vi) Need to display currently valid OMB control number;
- (h) It was developed by an office that has planned and allocated resources for the efficient and effective management and use of the information to be collected (see note in Item 19 of the instructions);
- (i) It uses effective and efficient statistical survey methodology; and
- (j) It makes appropriate use of information technology.

If you are unable to certify compliance with any of these provisions, identify the item below and explain the reason in Item 18 of the Supporting Statement.

Signature of Program Office Official

**Michael Alushin, Director
Compliance Assessment & Media Programs Division**

Date

Signature of Senior Official or designee

**Oscar Morales, Director
Collection Strategies Division
Office of Environmental Information (OEI)**

Date